



Nikki L. Fuhrmeister
CASA Director

R. Paulette Stagg, Magistrate
Vigo County Juvenile Court

141 Oak St.
Terre Haute, IN 47807

Phone: (812) 231-5658
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RE: CASA volunteer

Dear Applicant:

Please find attached the necessary forms that need completion and a signature to begin the process of becoming a CASA volunteer.

As a CASA volunteer, you will be given the chance to make a difference in the lives of abused and/or neglected children that are going through the Court process.

Please complete the enclosed documents and return to the office as soon as possible so that the process may begin and I thank you for your interest in helping a child. Do not hesitate to give us a call if you have any questions.

Sincerely,

Nikki L. Fuhrmeister
CASA Director

Molly Buerger
Volunteer Coordinator

Nlf



Vigo County CASA
 Volunteer Application
 141 Oak St.
 Terre Haute, IN 47807
 Office: (812) 231-5658 Fax: (812) 231-5695
nlfuhrmeister@vigocounty.org
www.vigocountyc.org/casa

Please Print

Date _____ Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell Phone _____ E-Mail _____

Fax Number _____ Work Phone _____ Are you able to receive calls at work? _____

Education(circle highest completed) High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major _____ Degree _____ Are you currently enrolled in school? _____

Are you retired? _____ If so, list former occupation(s) _____

Present Employer _____ Position _____

Employer Address _____ Supervisor _____

List any special skills, hobbies, or languages spoken, etc. _____

List any current community activities and membership in clubs, church, or other organizations.

Do you have a valid Driver's License? _____ Have you ever been convicted of a crime or misdemeanor other than a minor traffic violation? * _____ If yes, what charge? _____

***Answering yes to this question will not necessarily bar you from being able to volunteer with CASA.**

Date of Arrest / Disposition _____

Are you aware that as a volunteer you will work directly with the Vigo County Juvenile Court? _____

Are you willing to make personal appearances in court? _____

How did you become aware of the CASA program? _____

Do you have any health problems/handicaps that might limit your volunteer work? _____ If Yes, please explain _____

OFFICE USE ONLY: Date sent/rcvd _____/_____/_____ Sent Via: **Mail Email Fax** Rcvd Via: **Mail Email Fax**

Bkgd Chks Sent _____ # _____ Bkgd Chks revd **1 2 3 4** ___ ___ Refs sent _____ Refs Rcvd **1 2 3**

Interview scheduled _____ **Accept/Reject** _____ Acceptance Letter Sent _____ Reason Rejected _____

Added to COMET _____ Added to Phone List _____ Added to E-mail _____ Training Type **Class ISE**

Training Begun _____ Training Completed _____ Sworn-In _____

Police Bkgd Chk Form _____ Confidentiality Form _____ Commitment Form _____ Code of Ethics Form _____

Have you had personal experience with any of the following: Foster care, Department of Child Services, Juvenile Court or other agencies offering services to children? Yes _____ No _____ Please elaborate _____

Do you believe, at this time that you are able to commit to at least 18 months of volunteer work upon completion of the 30 hour initial training? Yes _____ No _____ What is your availability for initial and on-going training (Indicate times not available): _____

Please indicate your reason for seeking participation in this program. _____

List two (2) personal and one (1) professional reference below (references must be non-relatives)

1. Name: _____ Address & Zip: _____

Phone#: _____ Relationship: _____ Years Known: _____

2. Name: _____ Address & Zip: _____

Phone#: _____ Relationship: _____ Years Known: _____

3. Name: _____ Address & Zip: _____

Phone#: _____ Relationship: _____ Years Known: _____

Please list an Emergency Contact:

Name _____ Home Phone _____ Cell Phone _____ Relationship _____

In addition to being a CASA, would you be interested in volunteering your time in the following areas?(check all that apply):

Office (Data input, mailings, filing, etc.) _____ Newsletter _____ Publicity _____ Fund Raising _____

CASA Library _____ Other (Please specify) _____

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I understand that the references listed above will be contacted and I hereby authorize the Vigo County CASA Program to conduct criminal background checks to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of 18 months in the CASA Program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Program Director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports, and other material I will examine in my capacity as a volunteer CASA. I will discuss these matters only with those persons directly involved in the case or considered for their professional knowledge and expertise.

Name (please print): _____

Signature: _____ Date: _____

***Please return completed application to the CASA Program Office via mail, email, or fax.**